TRANSITIONS TO COMMUNITY LIVING INITIATIVE AND EXPANSION OF SUPPORTED EMPLOYMENT

North Carolina's Implementation of the USDOJ Settlement Agreement

NCAPSE Spring Conference 2013

Emery Cowan, LPC, LMHC, NCC
Best Practices and Community Innovations
Community Policy Management Section
DMH/DD/SAS

nc department
of health and
human services

Federal Focus on ADA and Olmstead

- Supreme Court landmark decision came in 1999: Title II of the ADA (passed in 1990) **prohibits the unjustified segregation of individuals with disabilities**

- In 2009 DOJ reaffirmed its commitment

- Since then the DOJ has made *Olmstead* enforcement a top priority
  - Community integration
    - NC, GA, FL, VA, OR

http://www.ada.gov/olmstead

ADA and Olmstead in NC

Federal Concerns

- US DOJ findings letter:
  - Many individuals continued to live in long term care settings because there were not yet more appropriate alternatives available to them in their communities

- CMS concerns about congregate settings such as adult care homes as IMDs (Institutes of Mental Disease)

NC's Response

- Settlement Agreement with USDOJ and creation of implementation plan
  - *8/23/12*
  - *Transitions to Community Living Initiative*

- Plan of Correction with CMS to identify facilities determined to be IMDs

What this means to all of us?

The State is required to ensure that:

"Individuals have access to the array and intensity of services and supports they need to successfully transition to and live in community settings, including supported housing. Such services and supports shall: be evidence-based, recovery-focused and community-based;"

What this means to all of us?

- It is *critical* that mental health, substance abuse, and intellectual disability systems begin dialogs to respectfully explore their shared and diverse understandings about the concept and process of **recovery and self-determination…**
  - *Inclusive of all stakeholders: individuals served, managed care organizations, public and private providers, advocates, families, friends*

Guiding Principles of the NC Settlement Agreement based on ADA and Olmstead

- Individual choice
- Services in the least restrictive, most integrated setting
- Services built on resiliency and be recovery-oriented
- Housing setting enables individuals with disabilities to interact with individuals without disabilities to the fullest extent possible
- Housing setting does not limit individuals' ability to access community activities
- Focused on helping individuals increase their ability to recognize and deal with situations that may otherwise result in crises
- Focused on enhancing natural and peer supports to prevent crisis

Target Population for the Settlement

- Individuals who are living in adult care homes who have a diagnosis of serious and persistent mental illness.

- Individuals who are referred to adult care homes with a diagnosis of serious mental illness

- Individuals who are in treatment in a state hospital.

- Individuals living in the community who are eligible for services like ACT or Supported Employment

  ➢ *SE is one of the required services being implemented in a broad-based, cross-disability effort*

Budget for SFY2013

- SL2012-142 Appropriated $10.3 million
  - Housing Development and Support
  - Services and Supports
  - In-Reach/Transition Coordination
  - Diversion- PASRR Screening
  - Oversight and Quality Management
  - Federal Independent Reviewer

Implementation Structure

- DHHS *Transition to Community Living* Steering Committee

- Special Advisor on ADA- Jessica Keith

- Workgroups on settlement agreement implementation activities

- Communications with stakeholders

- Development of plans for other disability populations

http://www.ncdhhs.gov/mhddsas/providers/dojsettlement/index.htm

Implementation of Settlement Agreement

- Enhances Community Living Options
  - *Supportive Housing with Tenancy Supports and rental subsidy*

- Enhances Community Services to make sure they are available and meet evidence-based fidelity standards
  - *ACT, Supported Employment, Peer Support*

- Empowers individuals to choose where they live
  - *InReach (Peer engagement/mentoring), Transition Planning*

- Diverts individuals from congregate housing arrangements to apartment settings.

In-Reach and Transition Planning

- **InReach:** An ongoing engagement, education and support effort designed to accurately and fully inform individuals about community based mental health services and supported housing
  - must be provided by a *NC Certified Peer Support Specialist*
- **Transition Planning:** ensures discharge/transitions planning; leads the Transition Team (which should include ACT providers if applicable); establishes interest list and connects to supports
  - Transitions to the community must occur within 90 days of the initial planning meeting and ensures Post-Transition Follow Along
- **InReach Specialists** *and* **Transition Coordinators** are position/functions of the LME-MCO

Supportive Housing

- NC must provide housing to 100-300 in first year
- Includes rental subsidy, one-time transition supports, tenancy support services
- First-come/first-served and based on geographic housing availability and individual preference
- Scattered site, single occupancy
- Establish a Tenant Based Rental Assistance program (TBRA)
  - Like *Section 8* Housing Voucher Program
  - Tenant will pay designated % of income (typically 30%)

www.nchousingsearch.com

Transition Year Support Resources (TYSR)

- Offered if person cannot safely and adequately meet transition-related expenses

- Available only during transition year

- One-time start-up funds ($2,000) to pay for

  - Utility and rent deposits

  - Appliances

  - Essential furnishings

  - One-time home preparation, e.g. pest eradication, cleaning

Quality Assurance and Performance Improvement

- New data process to track length of stay, readmissions, community tenure

- Personal Outcomes including:
  - Incidents of harm
  - Repeat admissions
  - Use of crisis beds and community hospital admissions
  - Repeat ED visits
  - Time spent in congregate day programming
  - Individuals served by ACT teams or SE programs
  - Number employed, attending school, maintenance of living arrangement, engaged in community life

- In-reach and discharge
- Quality of Life Surveys
- External Quality Review (EQRO)

Federal Independent Reviewer

- Conduct initial baseline evaluation
- Evaluate status of compliance
- Produce annual reports

Community Mental Health Services

➢ The State is required to develop programs that will help people live successfully in the community- enhancing the system of care

➢ **Developing and/or enhancing community-based wrap-around supports and services for all eligible individuals; these include:**

1. **Assertive Community Treatment – ACT**
2. **Supported Employment – SE**
3. **Peer Support Services – PSS**
4. **Tenancy Supports**

➢ There are other available services also available that individuals may also qualify for

Services: Implementation Plan Activities

- Workgroups overseeing development and implementation
  - Include consumers/advocates, providers, MCOs…
- Service definitions
- Training and technical assistance consultation to providers, MCOs, community
- Outcome data
- Model fidelity reviews and program evaluation:
  - to ensure that the services are being implemented as intended
  - to provide a mechanism for quality improvement feedback

Assertive Community Treatment (ACT)

- **By July 2013 all teams must meet fidelity and will have at least 33 teams serving 3,225 individuals**.
  - *By July 2019, 50 teams serving 5,000 individuals*

- Medicaid service definition and rate revision

- Tool for Measurement of Assertive Community Treatment (TMACT) fidelity scale

- New ACT Technical Assistance Center with UNC Center for Excellence

What is ACT?

- Assertive Community Treatment, or ACT, is team-based model of providing comprehensive and flexible treatment and support to individuals who live with serious mental illness

- Developed in the 70's as a "Hospital without walls"
  - Major outcome of interest was decreased hospitalization

- Teams include: Psychiatrists, Nurses, Therapists, Substance Abuse Specialists, Peer Specialists and…
  - **All ACT teams must have a Vocational Specialist and provide IPS-SE services**

- Small, medium, large team sizes depending on urban versus rural needs

Core Elements of ACT

- a team approach (multidisciplinary)
- integrated and outreach-oriented
- fixed point of responsibility
- comprehensive services

- small ratio of individuals to staff
- community-based
- flexible service delivery
- crisis management available 24 hours a day, 7 days a week

Tenancy Supports

➢ **Every individual with a housing slot will receive Tenancy Support services**

- Tenancy Support is provided by Quadel Consulting, Inc.-the Housing subsidy administrator
  - not a "service definition" provided by the state or an MCO;
- Defining and creating a document of functions/roles for staff hired to provide Tenancy Supports
  - Can be provided by NC Peer Support Specialists
- Ensuring collaboration with behavioral health providers for long-term community living success

http://www.quadel.com/content.aspx?id=110

Tenancy Support Specialist Functions

Tenancy Support Specialist functions may include:

1. **Activities related to move-in:** Inspect unit, Assist with move in, getting household goods & how to use them, emergency protocols

2. **During tenancy:** cooking & cleaning up the kitchen, how do you increase income without violating your lease, building a positive social network while moving away from a negative network, conflict resolution

3. **If the tenant is away (e.g., due to vacation, crisis hospitalization, etc):** adjusting the thermostat, pet care, make sure bills are paid

4. **Other issues:** landlord/tenant interventions, conflict resolution with neighbors

Service setting: Tenancy Support must be provided in the housing unit unless intervention is required in other location.
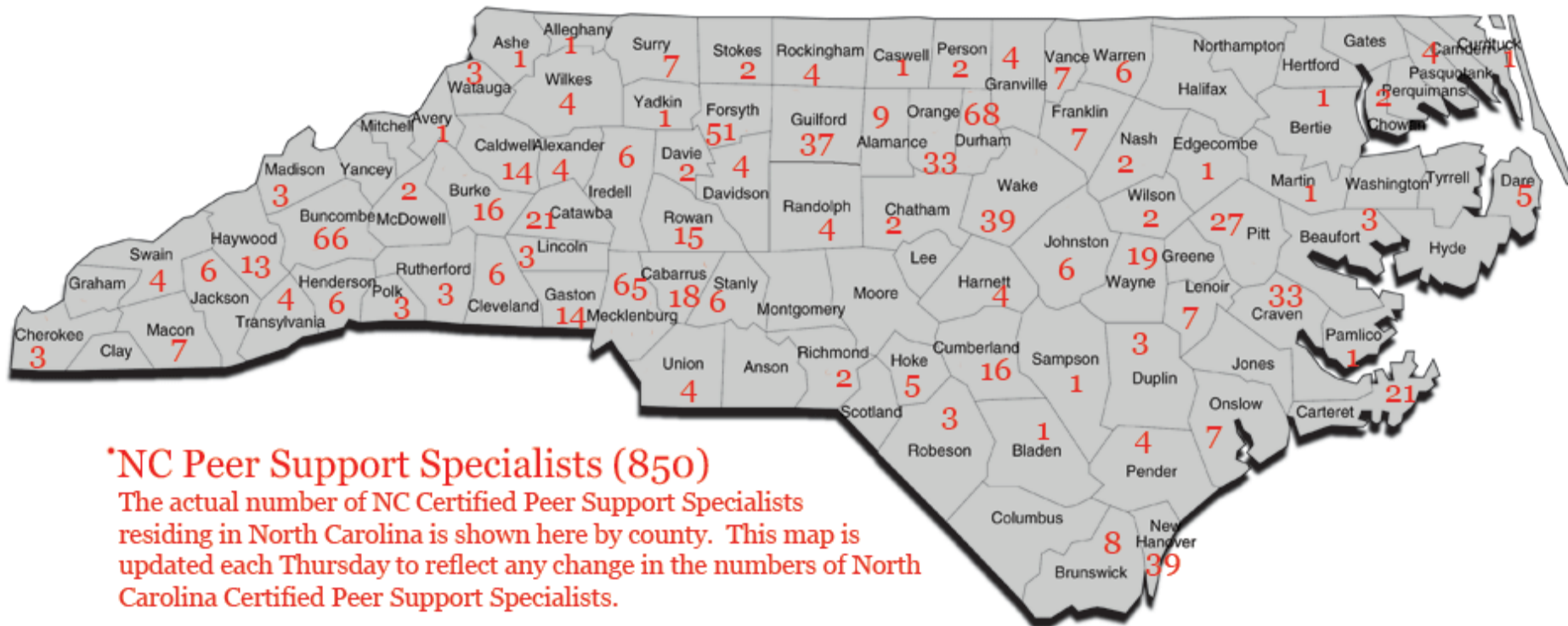
Peer Support Services

- *What is Peer Support?* when people share common concerns or problems and provide emotional support and coping strategies to manage and promote personal growth
    - Peer Support is evidence-based; implemented internationally for MH, SA, and IDD
- *Peer Support Specialists* are people living in recovery from mental illness and/or substance use issues who provide support to others
- NC provides 60 hours of training and certification for MH/SA Peers through UNC Behavioral Health Resource Program
    - ***Looking into build the capacity, training, credentialing for IDD!***
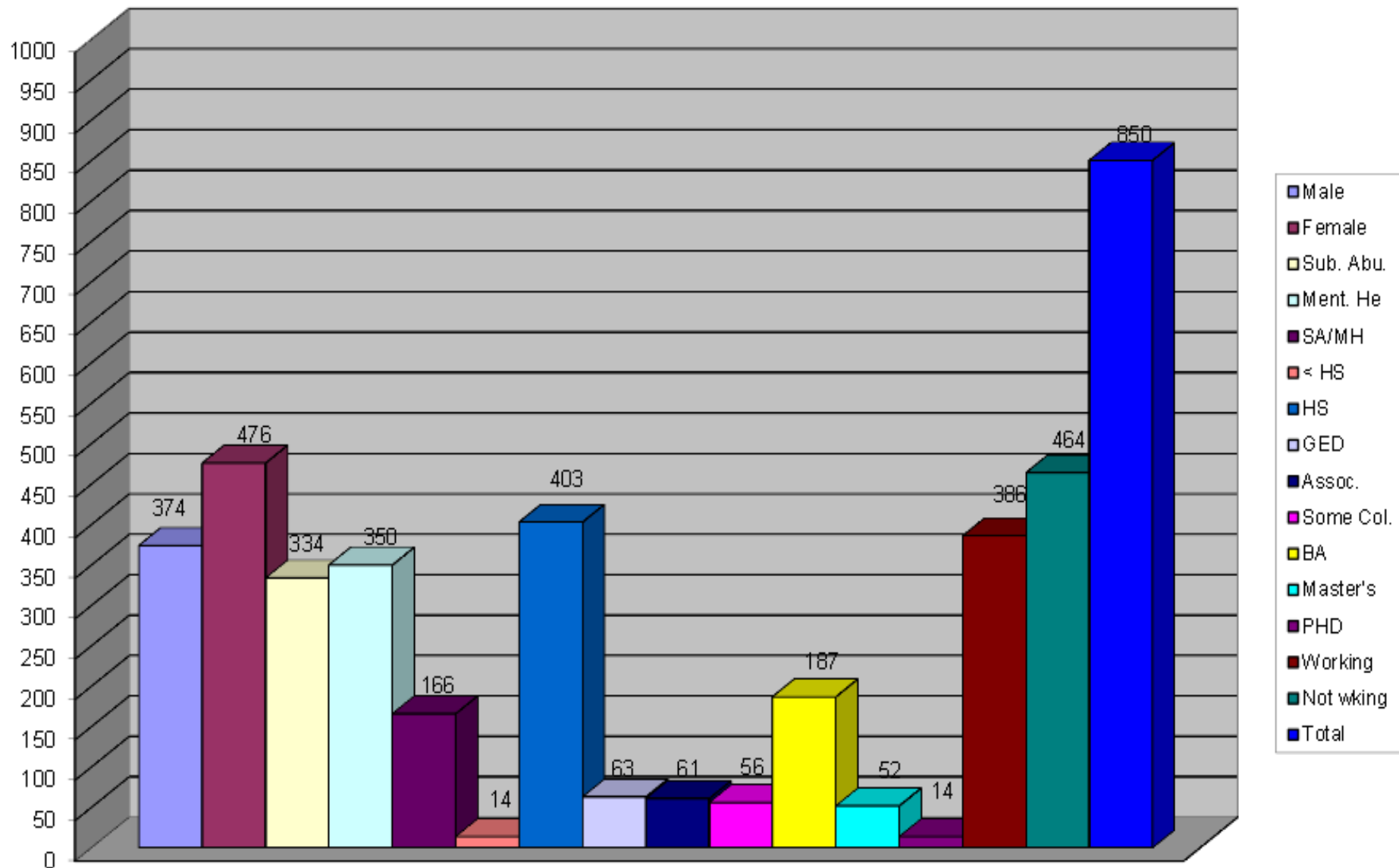
Peer Support Services

- New statewide definition- Medicaid and IPRS billable
- Revision of core PSS training elements
- Revision of the PSS training "Trainer protocol"
- Assessment of new trainings needed for PSS specialty roles
  - **Supported Employment service – adds "Employment Peer Mentors" (CPSS specialty) as a new staff role**
  - **In-Reach Specialists – new staff hired must be CPSS**
  - **ACT teams – all must have a CPSS**
  - **Tenancy Support services – can be provided by CPSS**
  - **Peer Support Service – will be statewide and all eligible individuals can have access to their own peer support staff**

Number of NC Certified Peer Support Specialists (CPSS) as of 3/28/13:

North Carolina

NC Peer Support Specialists (850)
The actual number of NC Certified Peer Support Specialists residing in North Carolina is shown here by county. This map is updated each Thursday to reflect any change in the numbers of North Carolina Certified Peer Support Specialists.

http://pss-sowo.unc.edu/pss

NCCPSS Demographics

Expansion of Supported Employment

NC Employment First Initiative

Since 2010-

- ✓ **NC Alliance on Full Participation-** NCCDD Initiative that started the *Employment First* conversation and Position Paper draft
- ✓ **NC Business Leadership Network** was established to educate, promote hiring of people with disabilities
- ✓ **January 2011-** "Segregated and Exploited" Paper from National Disability Rights Network where they found a total failure of the system to provide quality work for people with disabilities
- ✓ **March 2011-** Establishment of the **NC Employment First Steering Committee** (NCEFSC) *>40 members including DMH, DMA, DVR, DPI, DAAS…*
- ✓ **July 2011-** Employment language for first time in the DMH/LME contract
- ✓ **October 2011- Employment First Position Paper** approved with a cross-disability statewide employment focus and is endorsed by over 50 organizations

NC Employment First Initiative

✓ **October 2011-** NC joined the **SELN (State Employment Leadership Network)** through NCCDD initiative funding;

  ✓ Collected employment survey results from over 300 statewide stakeholders

✓ **January 2012-** SELN on-site visit with leadership and stakeholders on needs, policy.

  ✓ **NC Findings and Observations Report** provided with recommendations for action steps

✓ **May 2012-** Participated in National Secondary Transition Technical Assistance Center's Capacity Building Institute and joined **DPI's State Transition Team**

✓ **July 2012-** NC joined the National Dept of Labor's Office of Disability Employment Policy's **Employment First State Leadership Mentor Program Community of Practice**

✓ **August 2012-** Employment First Talking Points & Resolution Statement approved by NCEFSC

NC Employment First Initiative

- ✓ **August 2012- USDOJ Settlement Agreement** signed, includes implementation of evidence-based practices - support and funding for SE in the service array
- ✓ **October 2012-**
  - ✓ **Employment Success Stories** collected- over 30- for "National Disability Employment Awareness Month"
  - ✓ NCCDD funds the **"Reaching the Summit of Success: Transitions to Work and Employment First"**
- ✓ **November 2012-**
  - ✓ SELN on-site visit to discuss Data Collection and employment within Managed Care
  - ✓ New **DVR/DMH MOU** signed
- ✓ **December 2012-** New **DMHDDSAS employment webpage**
- ✓ **February 2013-** DVR, DMH, and DMA trained in **Dartmouth's IPS SE model**
- ✓ **March 2012-** Establishment of the **NC Employment First Technical Assistance Center** with NCAPSE to guide training and TA for MCOs, Providers, and stakeholders!!

SELN

SELN Member States

Member as of 4/1/13
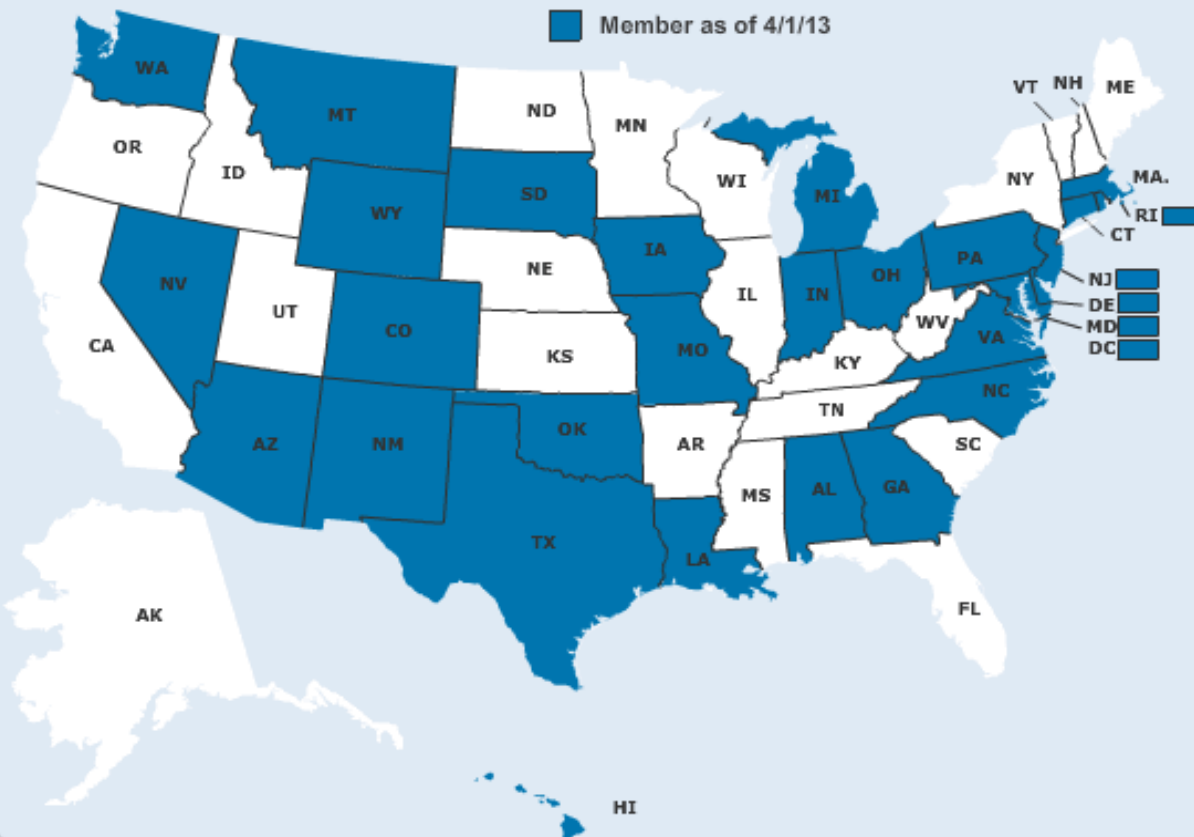
The SELN is a cross-state cooperative venture of state agencies committed to improving employment outcomes for adolescents and adults with disabilities

www.seln.org

So what is Employment First?

- ***Employment First*** is a declaration of both philosophy and practice- an "umbrella" term where states and programs align to emphasize the importance of employment as an outcome of services.
  - ➢ It does not mean that employment is the only outcome for all; rather, that **employment is the expectation not the exception.**

- **19** states have an official Employment First policy- California, Delaware, Kansas, Pennsylvania, Virginia, Utah, Washington, Arkansas, Colorado, Connecticut, Louisiana, Maryland, Massachusetts, Missouri, New Jersey, Ohio, Oklahoma, Oregon, Tennessee.
  - **6 policies are cross-disability:** Arkansas, Delaware, Kansas, Michigan, New Jersey, Virginia, Utah.
  - **14** other states have Employment First efforts and initiatives- Florida, Georgia, Illinois, Indiana, Iowa, Michigan, Minnesota, New Mexico, New York, ***North Carolina,*** North Dakota, Rhode Island, Texas, Wisconsin
    - SELN EF Resources

NC Employment First Vision Statement

Employment in the general workforce is the first and preferred outcome for all citizens with disabilities regardless of level of disability, in a job of their choosing with supports and accommodations provided as necessary to achieve and maintain employment

Employment within ADA and Olmstead

- Services must comply with ADA & Olmstead's integration mandate
- Under the ADA and Olmstead, the "most integrated setting" is defined as "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible."

- **What is NOT best practice:**
  - Sheltered workshops
  - Employment in segregated settings
  - Group employment models
  - Sub-minimum wages

New SE/LTVS Model

✓ **Goal #1: by July 1, 2013, the State will provide Supported Employment Services to a total of 100 MH/SA individuals (this number increases to 2,500 by 2019)**

- Aims to quickly capitalize on a person's strengths and motivation…
  - **New research states that prevocational training is not a predictor of successful job retention or higher wages.**
  - **On the job training (place-then-train) vs. prevocational training (train-then-place)**
- Accessible to IDD, MH, and SA individuals including Autism and TBI
- A team approach "Employment Support Professionals" that includes the new position of **Employment Peer Mentors:**
  - **peer support specialists or self-advocates mentoring their peers to gain employment**
- Enhances the employment staff level of professionalization via training and credentialing (**CESP**)
- Enhances the provider level emphasis on **Employment First outcomes**

New SE/LTVS Model

It is not "just IPS"…

- **SE/LTVS model borrows principles from IPS-SE and other approaches like Customized Employment, Self-Employment to allow for an individualized approach to SE**
  - **Individual Placement and Support** is an evidence-based approach to supported employment for people who have a severe mental illness and co-occurring disorders (and has also been implemented for individuals with IDD)

    *more on IPS tomorrow!

- The idea is that services are individualized- one person may benefit from practices and principles from any of these approaches
- Providers are also better equipped to serve a wide array of individuals if they are trained in various models
- ***The SELN consultants are developing a crosswalk between IPS and other SE models for IDD***

New SE/LTVS Model

✓ **What did we have and what did we need to change?**

- DMHDDSAS (via IPRS) already had an SE and a separate LTVS definition that was available to MH, SA, and IDD
  - Was underutilized and poorly funded for MH/SA
  - Not a mandated service
  - NC already had providers serving this population- just need expansion, funding, and training on new models

✓ **SE DOJ Workgroup started meeting Sept. 2012**

- Decided to use existing system, keep the service cross-disability but update it with evidence-based and best practice models
- Will now be a required service- there are new funds and this service must be provided to eligible individuals in each LME-MCO
- Will also be added to Medicaid 1915b3 services by January 2014 – SE was already added to the Medicaid State Plan Amendment this year.

NC Implementation Infrastructure

➢ **Success of an Evidence-Based Practice requires…Training, Technical Assistance, Fidelity Measurements**

- Implementation Sciences tells us that:

  Effective innovations X Effective implementation = (+) outcomes

➢ DMHDDSAS is developing a process to

- Conduct on-site fidelity reviews and clinical program evaluation
- Collect baseline and ongoing outcome data
- Improve communication- website, FAQ on the new services and supports, community forums

➢ NC Employment First Steering Committee with SE DOJ Workgroup will continue to provide leadership, link to statewide initiatives, and asses need for national consultation

NC Implementation Infrastructure
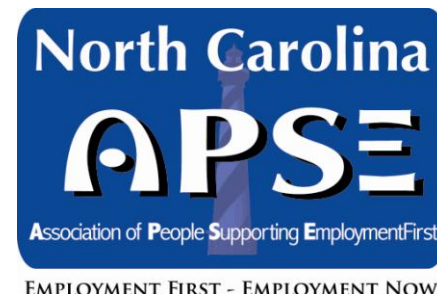
- **NC Employment First Technical Assistance Center (NC|EF|TAC)**
  - New Contract with NCAPSE the local chapter of the national APSE (*Association of Persons Supporting Employment First*)
  - Co-Directors: Pat Keul, APSE & Cherene Allen-Caraco, MeckPromise
- **Goals**
  - Development and training of a **new SE 101** curriculum required for providers
  - Development and training of **vocational peer mentorship curriculum**
  - **TA website** with videos and resources
  - Compilation of **work incentives materials and information**; contacts for community work incentives coordinators/Benefits Counselors
  - **Consultation/TA** for LME-MCOs, providers, and stakeholders
    - ➢ *First Step:* TAC, DMH and DVR will visit each MCO between April and May to provide regional consultation, training, and gather feedback for trainings/TA- these include stakeholder forums in the afternoon
    - ➢ Assistance with assessment of LME-MCO provider network

EVIDENCE-BASED SE/LTVS

Service Definition Components

NCAPSE Spring Conference 2013

Emery Cowan, LPC, LMHC, NCC
Best Practices and Community Innovations
Community Policy Management Section
DMH/DD/SAS

One Definition for SE and LTVS

- The SE DOJ Workgroup decided to combine the current SE and LTVS definitions into one service definition

  Why?

  - Clinically, it is and should be a seamless and complementary service not a separate, different one
    - Follow along supports or "Long Term Vocational Supports" are part of all SE models
  - When its seen as a separate service, people are often denied LTVS services because of lack of funds or lack of information on why they need it.
  - Most individuals who receive SE should receive LTVS for a period of time as long as the person needs it to ensure job maintenance and skill advancement
  - This does not exclude individuals exiting VR services who just need LTVS

Supported Employment (SE) - DMHDDSAS and DVRS

Collaboration with Division of Vocational Rehabilitation Services:

- Individuals must have informed choice of whether to receive Supported Employment services through DVRS or DMHDDSAS via an LME/MCO credentialed provider.

- This must be done in a collaborative and prompt manner where the timeliness of engagement process does not disrupt a person's motivation or access to supports in seeking employment

- There should be no need for an MCO to need a letter of ineligibility from VR to receive this service

  - a person who is informed of their choices, either wants VR or they don't

- If an individual exits SE through VR, he/she must access the Long Term Vocational Supports phase through this new service definition.

Critical Elements of the new SE service

Phase 1: intensive SE

- **Individualized and Rapid Development of the Employment Plan**
- **Career Planning & Information Gathering**
- **Job Search and Job Development activities**
- **Job Entry and Job Site Training and Support**
- **Job Support and Transition to Phase 2: Long Term Vocational Supports**

Phase 2: long term supports

- **Fade intensive on-site job coaching**
- **Building skills for coping with work problems**
- **Coordinate benefits counseling and assistance**
- **Teaching budgeting skills, financial literacy and asset development**
- **Collaboration with other service providers and supports**

Core Values

- Person-centered and informed choices
- Integrated, community employment
- Jobs that promote self-determination, recovery, resiliency and self-sufficiency
- Jobs that reduce stigma by enabling individuals to work side-by-side with people in their local communities
- Jobs that promote careers & asset development
- Competitive wages on employer payroll or consumer-owned business or micro-enterprise
- Development of personal support networks and natural supports as needed
- Long term and flexible job supports that change based on the individual's needs

Table 1: SE Approaches- EBPs and BPs

- Based on a combination of Evidence-Based and Best Practice approaches
  - ***Traditional SE and Individual Placement and Support (IPS) SE***
    - SAMHSA, Dartmouth Psychiatric Research Center
  - ***Customized Employment***
    - Dept of Labor- Office of Disability Employment Policy, Griffin-Hammis
  - ***Self-Employment*** *(Micro Enterprises/Small Business)*
    - Dept of Labor- Office of Disability Employment Policy, Griffin-Hammis
  - ***Business-Led Internships*** *(Transition to Work Placement Models)*
    - Project SEARCH
- The idea is that services are individualized- one person may benefit from practices and principles from any of these approaches
- Providers are also better equipped to serve a wide array of individuals if they are trained in various models
- ***The SELN consultants are developing a crosswalk between IPS and other SE models for IDD***

Provider Requirements

SE/LTVS providers must demonstrate that they meet competency through experience providing employment supports. It is preferred that providers also be DVR-approved CRP (Community Rehabilitation Program) providers per 10A NCAC 89D .0204 Community Rehabilitation Program Standards.

Organizational *Employment First* emphasis:

- Agency Focus on Competitive Employment – providers shall promote competitive employment in multiple ways and collaborate with behavioral health providers to, for example, ensure questions about employment are included at intake, and posting SE service information in clinical residential sites.

- Executive Team Support for SE – agency leadership is engaged with SE program at various levels, from quality assurance activity and outcomes review, to participation in SE leadership meetings.

Table 2: Staffing

- Use of the new term *"Employment Support Professional (ESP)"* not job coaches, vocational specialists, etc.
- Collaboration between a 3-4 person team

1. The *Lead ESP* is a QP and shall have at least 2 years supported employment experience and 1 year of any type of supervisory experience.
2. *Additional ESP* that may be either a QP, AP, or paraprofessional

   - Each ESP (with the exception of the Employment Peer Mentor) shall have a range of 20-30 individuals in their caseload, with this varying depending on where the individual is in their SE phase.
   - Providers can hire additional ESPs as caseloads grow

Table 2: Staffing

3. ***Employment Peer Mentor(s)*** are current or former recipients of services who have a minimum of HS/GED and have been employed in any capacity in the past

    - 1 FTE= 1 full-time peer or 2 part-time peers, depending on the provider's population served

This role must be staffed by individuals who support:

- MH/SA individuals: NC Certified Peer Support Specialist (CPSS) who is or has been a recipient of mental health or substance abuse services

    or

- IDD individuals: a Self-Advocate who is or has been a recipient of intellectual and developmental disability services.

New Employment Peer Mentorship

- Employment Peer Mentors offer hope and motivation by drawing from their own employment experiences and resiliency to encourage other individuals to seek and maintain employment and community integration.
- Generally are not responsible for a specific caseload rather they assist in supporting consumers in their efforts to become employed and retain employment
- Providers have until December 31, 2013 to fill these positions with peers (can substitute with a paraprofessional, AP or QP temporarily).

- **For IDD:**
  - peer mentorship is used often in post-secondary education and school transition programs
  - Self-advocacy models nationally
  - Maine uses peers to help transition individuals out of sheltered workshops
  - Need to build capacity and training for both the peer and the provider hiring peers

Staff Training and Certification Requirements

- All staff must be trained in the TBD "SE 101" curriculum
  - Will be a 2-3 day training on the SE models and service definition requirements
- Additional training will be developed and required for Employment Peer Mentors on vocational peer support techniques
- Training will meet nationally accepted professional skills and competencies to ensure high quality services and high outcomes for individuals.
- Every year, all staff must receive **5 or more** hours of additional training and should include specialty approaches for the implementation of SE per population served

New CESP Credential

- It is highly recommended that all staff work to become a *CESP* to demonstrate that national competencies for evidence based practices have been met.
- May be a requirement later, we need to first build capacity

What is the CESP?

- National APSE has established the Employment Support Professional Certification Council (ESPCC) to oversee the first national certification program for employment support professionals.
- Staff can earn the designation of Certified Employment Support Professional (CESP) by passing the national CESP examination.

- DMHDDSAS through the NC|EF|TAC is sponsoring the first exam session for the CESP in April.

- http://www.apse.org/certification

Program Fidelity Monitoring

- Programs shall be evaluated according to standardized fidelity measures from the approaches outlined in this definition.

  - *Protocol is being developed and will be tailored to the program's population served.*

- The aim of these evaluations is not only to ensure that the service is being implemented as intended, but also to provide a mechanism for quality improvement feedback.

Who is Eligible?

The individual is age (16) sixteen and older and who:

- Has an Axis I or Axis II diagnosis of Mental Illness, Substance Use, and/or Intellectual/Developmental Disability, including Autism and Traumatic Brain Injury.

AND

- Experiences difficulties in at least one of the following areas:
  - functional impairment
  - crisis intervention/diversion/aftercare needs, and/or
  - at risk of placement in a more restrictive setting

AND

- Expresses the desire to work <u>or</u> has an established pattern of unemployment, underemployment, sporadic employment; <u>and</u> requires assistance to obtain employment and/or requires assistance in addition to what is typically available from the employer to maintain competitive employment because of functional limitations and behaviors associated with the individual's diagnosis

Entrance Process

- Per the evidence-based and best practice models, individuals are not excluded from SE/LTVS services as a result of job readiness factors such as active substance use, history of violent behavior, criminal background issues, cognitive impairments, treatment or medication non-compliance, or personal presentation.

- Prior authorization is required on the first day of this service. Services may cover up to 12 months for the initial authorization period.

Expected Clinical Outcomes

- Working in competitive, integrated, community based employment setting
- DHHS is also developing a new data mechanism to track
  - Employment service type
  - Access to employment services: volunteering, in school, still considering employment services, in transition
  - Employment status: full time 30+ hours, part time 15-30 hrs, 5-15 hrs, less than 5 hrs/week
  - Hourly pay rate
  - Wages earned in the past month (gross income)
  - Hours worked in the past month
  - Entitlements received at entry to SE service (SSI, SSDI, Medicaid, Medicare) and entitlements received at 12 months of employment start date
  - Individual eligible for Medicaid Buy-In program ("Health Coverage For Workers With Disabilities" through DMA)
  - Availability of employer benefits (health/dental insurance, PTO, sick pay, vacation pay, holiday pay, 401K, traditional retirement, life insurance)
  - Industry/Job Classification (per DOT, USDOL)

Service Exclusions and Limitations

- An individual may receive SE/LTVS services from only one SE/LTVS provider organization during any active authorization period for this service.

- The phase 1 SE from this DMH service may not be provided to individuals who are actively receiving SE from DVR.
  - An individual referred from DVRS Supported Employment must receive Phase 2 LTVS from this service definition if they so choose.

- Service delivery to individuals other than the recipient may be covered only when the activity is directed exclusively toward the benefit of that recipient (for example, small business models).

- SE/LTVS shall not be provided during the same authorization period as Assertive Community Treatment (ACT) or the Medicaid Innovations Waiver for individuals with IDD.
  - Can be provided for individuals in CST, PSR, etc…

Cost Analysis and New Rate

Current Service Array

- **Source of funds: IPRS**
- Supported Employment YP630 (Individual)
- Supported Employment YP640 (Group Rate: $2.53 / 15 minutes)
- Long Term Vocational Supports YM645

- **For SE (ind) and LTVS**
- Cost per 15 min unit= $11.21
- Cost per billable hour= $44.84

New Service Array

- **Source of funds: IPRS and later Medicaid B3**
- Supported Employment YP630 (Individual) – *no group SE*
- Long Term Vocational Supports YM645

- **For SE/LTVS (tentative):**
  - Cost per 15 min unit= $14.22
  - Cost per billable hour= $56.88

Cost Analysis and New Rate includes…

- **Training Costs –** Initial and subsequent year continuing education costs, allows for staff to take additional specialty courses via web, costs include:
    - New *College of Employment Services (like CDS)-* Employment Strategies, 6 online sessions
    - Benefits 101 Counseling Training & Webinars
    - Supported Employment for MH/SA- Online IPS Training Course- Dartmouth Psychiatric Research Center
    - Customized Employment- Online Staff Training - Griffin Hammis Associates (GHA) "Creating Community Careers: A 5-Session Customized Employment" and "A 5-Session Self-Employment Course"
- **CESP** examination costs
- **Assistive Technology (AT) Assistance** – assumes 10% of caseload needing some AT equipment; with consultation from NC Assistive Tech.Program (NCATP)
- **Travel costs for staff-** assumes community-based employment requires an increase in travel esp. in rural areas
- **Staff Technology-** portable tablets/laptops, cell phones, etc.
- Provider **national accreditation** costs
- Staff time costs for participation/preparation for **fidelity reviews**

Future Plans

- Expanding IPS - DMHDDSAS will develop pilots specific to the IPS model for those with severe and persistent mental illnesses within behavioral health programs- VR will provide liaisons to these sites
  - Developing protocol for choosing sites this fiscal year

- Transition to Medicaid B3-
  - How does this affect the Innovations Waiver definition

- This service will continue to be provided via IPRS for those without Medicaid

More information

DHHS:

- DMH Employment Page:
  - http://www.ncdhhs.gov/mhddsas/services/employment
- DOJ:
  - http://www.ncdhhs.gov/mhddsas/providers/dojsettlement/index.htm
- DVR providers:
  - http://www.ncdhhs.gov/dvrs/pdf/By_County.pdf

National Resources:

- http://www.seln.org/
- http://www.apse.org

NC Resources:

- http://www.ncapse.org
- http://www.nc-ddc.org/
- http://www.ncbln.org

SE approaches and other online training resources:

- *College of Employment Services (like CDS)-* Employment Strategies, 6 online sessions
  - http://directcourseonline.com/employmentservices/
- Southeast TACE tools
  - http://tacesoutheast.org/
- IPS Supported Employment for MH/SA- Dartmouth Psychiatric Research Center
  - http://sites.dartmouth.edu/ips/
- Customized Employment & Self-Employment Course
  - http://www.griffinhammis.com/

QUESTIONS?

Emery.Cowan@dhhs.nc.gov